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JAMES W. HOLSINGER, JR., M.D.
SECRETARY

May 3, 2004

Home and Community Base Waiver Transmittal #A-62

Dear Home and Community Based Waiver (HCBW) Provider:

It has come to the attention of the Department for Medicaid Services (DMS) that some HCBW providers may not be meeting the requirements regarding the assessment and reassessment process. There appear to be two major problems:

1. Some providers may not be following the policy outlined in The Home and Community Based Waiver Services Manual, Transmittal #2, Revised 03/03 which states that a comprehensive assessment will be conducted within seven (7) calendar days of receipt of the request for assessment and that reassessments will be conducted within three (3) weeks of the request for reassessment. Strict adherence to this policy is mandatory for all HCBW providers.
2. Some providers may be limiting access to services by not providing individuals with complete information on the services and providers available to them.

To ensure compliance with the policy requirements, DMS is implementing the following:

- Beginning immediately, providers must have a process in place to document, at the minimum, the date the referral was logged in and the referral source (this includes all referrals, even those that were declined); the date the first action was taken and the staff involved; and the date of completion.

- If an individual declines a service, the provider must show documentation that the service was declined and that the individual was counseled regarding the risks associated with declining the service.
- If the provider is unable to make contact with the individual or to schedule an assessment/reassessment within the required timeframe, this must be documented (including, at a minimum, the date, place and time of each attempted contact) and the referring agency should be contacted immediately.
- DMS will restructure the monitoring process to ensure that providers have revised their policies and procedures, are keeping a log of the referral source (this includes all referrals, even those that were declined) and completion dates and have held a documented inservice with appropriate staff.

Under the waiver, providers are required to offer the individual choice of the services available through the waiver and choice of service provider. Limiting choice in any way is a serious violation of State and Federal policies. To ensure that choice is not being limited, DMS is implementing the following:

- At the time of assessment/reassessment, providers are to begin immediately providing individuals with an information sheet that explains the services available under the waiver, a description of the services and a listing of the providers in the area that provide those services; and
- Providers must develop a process to document that this information was provided to the individual or caregiver. DMS will be monitoring this process to ensure it is being followed as instructed.

DMS has also become aware of some issues related to Home Health Agencies (HHA) and Adult Day Health Care (ADHC) providers with regard to referrals and assessments. To ensure coordination between the HHA and ADHC, beginning immediately, DMS is requiring the ADHC to review and sign the MAP-351A and the MAP-109-HCBW forms for which ADHC services were ordered by the individual's attending physician.

- The MAP-351A form has been revised to include a place for the ADHC to indicate agreement or disagreement with the assessment and to sign the form. In the case of disagreement, the ADHC must attach documentation before the packet is submitted to the Peer Review Organization (PRO).

May 3, 2004
Page 3

- The MAP-109-HCBW form has been revised to include a place for the ADHC to sign the form. The ADHC will be responsible for attaching the individual's plan of treatment to the MAP-109-HCBW form prior to submission to the PRO.
- The revised forms can be found on the DMS website at <http://chs.ky.gov/dms>. Click on Provider Resources then click on Forms.

It is imperative that all providers adhere to these policies. Should DMS find that any provider is not adhering to the mandated timeframes and policies, reimbursement for services may be subject to recoupment.

If you have any questions regarding this letter, please contact Mary Walker, Branch Manager, Community Based Services Branch at (502) 564-5560.

Sincerely,

A handwritten signature in black ink that reads "Russ Fendley by L Fly". The signature is written in a cursive, flowing style.

Russ Fendley
Commissioner

RF/MW/cvc